

THE ALKALOIDAL CLINIC.

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THE ALKALOIDAL CLINIC

A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

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ARTICLES on subjects coming within the scope of the different departments of this journal are solicited from all our readers. For each one used, if desired, we will supply the writer with twenty-five copies containing the same, or will send *The Alkaloidal Clinic* for three months to any ten physicians whose names and addresses accompany the article. Write on one side of the paper, and every other line only; say what you mean to say, and be brief and plain.

QUESTIONS of interest to our readers along this line will be answered in our Miscellaneous Department. We expect these to add much of interest to our pages.

OUR AIM is to make this journal an informal interchange of thought and experience between those interested in Alkaloidal medication.

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WILL YOU HELP US?

So many of our subscribers have expressed strong appreciation of the work being done in the Clinic that we feel to urge each one to demonstrate this by helping us to get further subscribers. Many would like the Clinic that have not yet become interested in it and something you who are interested may say would help us much more than anything we can do ourselves. Don't forget to tell them of the premium

case and that, if not satisfied on receipt thereof, they may return the goods and we will cancel the subscription and refund their money. See what you can do for the Clinic please.

HIVES.

Numerous queries have come at different times for a treatment for this troublesome condition. None is better than a minute dose of some mercurial (I must confess a partiality to blue mass and soda, giving about $\frac{1}{8}$ grain of the former at a dose every two hours) with morning doses of seidlitz salt. There is always a vitiated condition of the digestive tract and the seidlitz salt should be continued for some time after the disease ceases to manifest itself. This treatment has been used repeatedly and with the best success.

ARE YOU IN A RUT?

Are you giving the same remedies for the same conditions that you were years ago or are you progressive and keeping up with the times? If you have not found chance for improvement in your practice in the last five years, you were either more fortunate than most of us in your first selection of means, or you are in a "rut." If the latter, get out as quick as you can.

CHEAP MEDICINES.

So much senseless objection is raised to the cost of alkaloidal preparations, as compared to tablets, that it may be of interest to quote a paragraph from a letter just received from Dr. G. W. Smith of Kansas. He says: "I am a physician of thirty years experience but have never found any preparations to suit me as well as the alkaloidal medicaments. They are both cheap and reliable. One cannot possibly make a mis-

take if the diagnosis is correct. I administer them according to indications with an assurance of success never attained in the olden times." Now, the truth of the matter in a nut shell is this; if one looks simply to how much in quantity he can buy for the least money, then compressed tablets and tablet triturates of the Galenicals will be selected, but if he looks to what can be accomplished with the least outlay of money, then the alkaloidal granules will be chosen every time.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The twenty-first annual meeting of this association will be held in Detroit, Sept. 3d, 4th, 5th and 6th, and present indications are that this will be a meeting of unusual size and interest. The profession of Detroit are united in their efforts to have the social features of this gathering outshine all previous ones and the railroad companies, with usual cordiality, extend the courtesy of a one and one-third rate. Those who have an opportunity of choice, will not make a mistake by going via the Michigan Central with the Chicago delegation. Special accommodations will be provided physicians and every effort put forth to make the trip safe and pleasant.

Wm. Pepper, M. D., L. L. D., of Philadelphia, will read the annual address on medicine on the evening of Sept. 4th. Business being rather light at this season, let everybody go and show Detroit what it is to entertain the members of this association.

COLLECTIONS.

It is often and truly said that as a rule physicians are poor business men. This grows out of the unavoidable irregularities in the business. We are obliged to or do trust about everybody under all circumstances. People employ a physician because they have to, and too often pay him because they have to. All of these conditions lead to looseness and irregularity in business methods on the part of the physi-

cian. For this reason few physicians accrue a competency during what should be the active period of their professional lives and are obliged to work on to the last moment, when they die leaving their families too often unprovided for; this need not be if better business methods were practiced. We warrant not half the readers of this paragraph send their bills monthly, or when protracted cases are finished, and still a less number send statements of unpaid accounts. Now our instrument and drug men, as well as our grocers, all do this and are careful to collect their money. Why should we not do the same?

Personally the writer has found it every way desirable to apply the same business methods to collections in practice that are applied in other lines. Bills are rendered promptly, statements of unpaid accounts are sent out at proper intervals, delinquent debtors are visited and, when forbearance ceases to be a virtue, unpaid accounts are placed in the hands of a collecting agency. This is more likely to bring results and less likely to create hard feeling than to employ a local collector who may be collecting for the doctor on the other corner as well. The one now employed with excellent satisfaction is the United States & Canada Mercantile Agency, 334 Dearborn street, Chicago. They have connections in all parts of the country and have succeeded admirably so far. One thing particularly noticeable is that their work has been invariably done without incurring spleen or recourse to the law. The latter expedient is seldom, if ever, desirable. Now and then one gets so justly aggravated that it seems impossible to avoid such a procedure, but one should consider well all sides of the question before resorting to that, which, while it may be law, is not always justice.

AN OPPORTUNITY.

Candidly we know of no better investment for \$1.00 than a subscription to "The Alkadoidal Clinic." Dr. J. G. L. says of our premium case, "What a beautiful little treasure it is." If you subscribe and are not satisfied, send back your premium and we will cancel your subscription and refund your money.

LEADING ARTICLES.

SUMMER DISEASES OF CHILDHOOD.

BY C. F. CROSBY, M. D.

Gastro-intestinal diseases of some kind or other cause the death of more children than all other diseases combined. The first few years of the child's life, more especially the summer months, are spent in constant danger of being attacked by the poisonous products of fermentation in the digestive canal. These morbid conditions set up very suddenly at times, and run a rapid course to collapse and death; hence no other class of diseases demands so much skill and such prompt attention from the physician.

The two most frequent forms of this disease met with are entero-colitis and cholera infantum; the former being much more frequent than the latter. The two are often confounded, but they are by no means the same. A few characteristic symptoms will suffice. The former comes on more slowly; fever does not run so high; the discharges are not so profuse and watery; frequently there is long continued suppression of urine, going even to uraemia, and a characteristic, weak, frequent pulse. Cholera infantum is rapid in its manifestations, often causing death in a few hours. As a rule the fever runs high; the stomach is extremely irritable and the alvine discharges are very profuse and of a serous nature. Then there is a characteristic scent accompanying the discharges, which one never can forget. But a differential diagnosis is not absolutely necessary, since we do not prescribe for names but for symptoms pointing directly to some pathological state.

Here in the south where paludal influences are great, we often find these diseases with remittent manifestations. It also may exist as a serious complication in many other diseases, especially those of a passive, general congestive type, where there is al-

ready paralysis of the vaso-motors. I have seen cases of bronchitis accompanied by a muco-feculant diarrhea of alarming severity. It was in such cases that I learned the influence of potassium bichromate over diseases of the intestinal canal.

The most successful of all treatments is that of prophylaxis by means of a proper diet, good hygienic surroundings and plenty of out-door exercise; but as a rule the physician does not have an opportunity to prescribe this treatment, the case being well set up before help is called. If called at the onset, the shortest and safest treatment is the abortive. Flush the canal with seidlitz salt in order to remove all fermentative material. If the temperature is above 103 give a cold bath till it is brought below the danger line—103. Plunge the child into a tub of cold water. There is no danger if you remove it before the temperature goes below 100. This is the quickest and safest method the writer has ever tried for reducing a dangerously high temperature. But if the temperature is not above 103 I should not advise the plunge bath. Sponge the surface vigorously with tepid water, either acid or alkaline according to indications. If the tongue is broad and pallid and the mucous membrane pale, showing an acid condition, make the bath alkaline; if the tongue is red and mucous membrane deep colored, showing an alkaline state, make the bath acid. This is a simple rule and can be followed with great advantage.

The bowels being thoroughly flushed and the skin thoroughly sponged you are ready to begin your specific medication. For the fever give aconitine if pulse is small; veratrine if full and strong, or what is better the Dosimetric Trinity No. 1. These granules are to be given according to Prof. Shaller's rule: To twenty-four teaspoonfuls of water add one granule for each year of the patient's age with one extra granule, and give a teaspoonful every fifteen minutes to two hours, remembering always to lengthen the time as the disease gives way. In another glass prepare an intestinal antiseptic and anti-ferment. I know of nothing better

than the zinc sulphocarbolate and there is no form of this remedy better prepared for administration in these troubles than the tablet known as the Zinc and Codeine Compound manufactured by the Abbott Alkaloidal Company. Prepare the mixture according to Prof. Shaller's rule and give a teaspoonful every half hour till improvement; then lengthen the time. You will rarely need any other remedies. But occasionally you will run across cases that will not yield readily; here is when your skill will be greatly needed. You must treat these stubborn cases according to the specific indications in each case. There may be an epidemic influence which will prolong the disease in spite of your treatment, in this case the epidemic remedy will cure your patient.

If there is pale skin, cold extremities, dull eyes with dilation of pupils and the patient listless and sleeping with eyes partly open, atropine is the remedy. If there is a hot head, flushed face, throbbing carotids, bright eyes and contracted pupils, with great restlessness, gelseminine will certainly give relief. If the child awakens suddenly from sleep with sharp shrill cries, and tongue is pointed with enlarged papillae, resembling in appearance a strawberry, and pulse quick and sharp, *rhus tox.* in very small doses is sure to please you. For threatened convulsions, specific tincture of *passiflora incarnate* is the remedy if the stomach is not too irritable, or gelseminine or camphor monobromated. For obstinate vomiting give ice crushed, or hot water (not warm water); small doses of aconitine and emetine where there is irritability bordering on inflammation; aconitine and brucine where there is an atonic condition. The former is known by the red pointed tongue, the latter by the broad, pallid, yellowish coated tongue. Small doses of cocaine will sometimes relieve when all other remedies have failed.

When the discharges are green and slimy, or profuse and of serous nature with metallic odor, give copper arsenite in small doses frequently repeated and cure your

patient. When there is distinct periodicity, do not forget quinine in some form. The Dumas Antimalarial pill is the most convenient, combining as it does the properties of iron, quinine and strychnine. If the trouble arises during or is a complication of dentition, be sure that the little patient gets the monobromated camphor. Some cases, where the tongue is pointed and red, showing extreme gastric irritability with muco-feculant discharges, will yield more quickly to small doses of calomel (gr. 1-20 to 1-40) given every hour until the character of the discharge changes, than to any other remedy.

Of late I have had good results from potassium bichromate in these troubles; giving five to ten grains of a 3 x trituration in four ounces of water. The following also is a good prescription: Lloyd's Asepsin, one to three grains, strychnine arseniate, gr. 1-134 (according to Shaller), aconitine amorph., gr. 1-134 (according to Shaller), water three ounces. A teaspoonful every half to two hours. Asepsin is a very certain anti-ferment, as well as a good antiseptic and astringent, and it has a wide range of usefulness. In all gastro-intestinal diseases, where the action of internal anti-ferments and antiseptics is needed, Asepsin stands next to sulphocarbolate of zinc; in fact, it is much superior if you have not a reliable preparation of the zinc salt. Potassium bichromate is a good internal antiseptic owing to its powerful oxidizing property. I am confident that when more fully understood this drug will become one of our best remedies in the treatment of gastro-intestinal diseases.

Finally, do not forget the diet. This is of the utmost importance. You cannot succeed in treatment and allow your patient to indulge his appetite too freely. I have often treated cases and had them almost well when a few potatoes, beans, sour milk, plums, etc., would bring on an attack more violent than before, and sometimes the patient will die in spite of everything. For the first twenty-four hours it is best to deny all food. Give water to drink all the time if

he desires it. Then allow Malted Milk or some cow's milk diluted one-fourth with sterilized water, with the addition of a small amount of sweet cream and sugar of milk. This is all the food that should be allowed until the disease is thoroughly under control. I neglected to state that in retention of urine do not forget *santonin*. It is my "catheter."

As far as possible use single remedies. Meet the indications with small doses of reliable drugs given according to the rules of dosimetry, and you will relieve all cases that can be relieved.

Little Red, Ark.

The above article came to hand just as we were ready for press and we have set aside other valuable matter to give it room, from the fact that it belongs to this season, and we believe it will not only interest but help our readers. It is certainly one of the best papers we have seen on this subject and we give it space with pleasure.—Ed.

SUMMER DIARRHEA.

BY J. D. JUSTICE, M. D.

Believing that a good thing often told is capable of creating new knowledge by a process of intuition, and that he who possesses the wholesome knowledge thus attained will bless the giver, is the only excuse I can give for writing on the aged phrase that heads this article; but I will not try the reader's patience by voluminous statistics of cases nor wearisome details, further than required to get a clear idea of to-day's practice.

We must all admit that our memory can recall instances when these little sufferers were given into the hands of old women as being the safest practice. Those were days when our only thought was for a remedy to check the increasing frequency of the dijections; when we resorted to "chalk mixture" to allay acidity and vomiting, while kino, catachu, tannin and blackberry root lead the van as astringents. For the tormina invariably present we often gave starch and laudanum per rectum, as well as bismuth and oil vaseline. The

latter combination is harmless and often very effectual, but the use of the former per rectum is dangerous practice. Mercury was a favorite with some, and is to-day, for its antiphlogistic power. Thanks to the great man of Ghent, we now have at our command the real quintessence of the *materia medica* in palatable form, with certainty of action.

I mention here the prominent symptoms of a typical case for the purpose of calling attention to some reasons for their existence as well as to apply a rational treatment. A girl of healthy parentage who has never been sick—never required a dose of medicine since her birth eighteen months ago—on the morning of July 9th was taken suddenly ill. Purging and vomiting was the order, reacting with fever. Seen by me five hours later, there was complete indifference to all surroundings, skin hot and dry, tongue rather moist, pupils widely dilated and eyeballs sunken, tending to turn upwards in their sockets. She suffered from great thirst but ejected the water as soon as warmed by her stomach; temperature 103.5; rapid, feeble pulse; abdomen rather flat, soft and tender. Her bowels were acting every half hour with much straining. The first three or four actions were copious and very offensive; later they were large, greenish and watery but less offensive; then small notions mixed with mucus and streaked with green; three hours later, or eight hours from the onset, the same grass-green squibs contained patches of bloody mucus and occurred as often with greater tormina than at first. We were confronted with a case that strikes terror to every keenly observing person and gives no small degree of anxiety to the God-fearing physician. These are conditions that demand a quick, positive treatment that shall be curative or nothing will avail.

Are we content to commence treatment on theoretical grounds with antacids, antiphlogistics and constringents only? Or shall we have prepared ourselves by some previous thoughtful study that fits us to

assume a more rational view. Suppose we take a look at this physiologically unstable nervous system with a digestive tract that had previously performed all its functions in a healthy manner, but the contents of which are in a state of septic fermentation. Let us also examine the sympathetic nerve and we have a great series of ganglia extending along each side of the vertebral column, from the head to the coccyx, with distributing branches to all internal organs as well as communicating with all the other nerves of the body. Space forbids even a mention of the divisions of this great distributor of organic life, with the capacity of a second brain.

With this double tracked bee-liner leading from the cavernous sinus to the coccyx, equipped with intercommunicating lines that are vestibuled from end to end by the most sensitive ganglionic nerve fibre, we are prepared to understand the resulting effects of auto-infection by absorption of ptomaines arising from the septic fermentation going on in the intestinal track.

By the use of astringents, assuming that they are retained and do their expected work, have we not added a new danger by stopping the elimination of the poison while it has a clear track to reach the cavernous sinus via this vestibuled rapid-transit train and, thereby, through auto-infection, thwart our best endeavor? Assuredly we have. Let us proceed more rationally now that, thanks to Burgraeve, we have access to remedies of precision that are palatable in form and certain in action. I will say here that the case mentioned as typical was at her home seven miles in the country when the trouble set in, and was brought to the city for treatment. (We are usually glad to send such cases to the country.) The remedies used were Abbott's aconitine amorph., gr. 1-134; copper arsenite, gr. 1-1000; hyoscyamine, gr. 1-250; emetine, strychnine, gr. 1-134; sulphocarbolate of zinc, grs. 2½ (tablets); saccharine; and seidlitz salt of which I ordered one heaping teaspoonful in half a glass of cold water to be

given in dessertspoonful doses ad libitum. To reduce the temperature, to allay tenesmus, to alter the character of the discharges, to act on the liver and the mucous tract generally and to disinfect the stools and mildly astringe, as well as allay irritability, I put three granules of aconitine amorphous, two of hyoscyamine, three of copper arsenite, six of emetine and five grains of zinc sulphocarbolate (with three granules of saccharine to sweeten) into three ounces of boiled water and gave a teaspoonful every fifteen minutes for six doses, then every one-half to one hour as needed to keep the skin moist. Three hours later I called to find no vomiting and the child sleeping quietly at intervals with a moist skin and pulse less frequent as were also the discharges, but the straining continued. To control this I added to the mixture three granules of codeine, gr. 1-67. The general instructions from my first visit had been to withhold all nourishment and give plenty of water that had been boiled and then cooled by standing on ice. From a temperature of 103.5, we had at this second visit 102. The next morning it was 101 and the following evening 102.5; the third morning 100 and evening 101, and normal the seventh day. We gave absolutely no food for the first seventy-two hours and then Horlick's Malted Milk and bananas were ordered and relished.

The tormina kept up for nearly four days but grew less all the time. Instead of the laudinum and starch enema, I ordered a hot salt-water enema once daily. This greatly relieved the tenesmus. The first formula required no further modification except that, as improvement came, I dropped the copper, lessened the hyoscyamine and codeine and added arseniate of strychnine two granules. There was no vomiting after the first day but once when by mistake she was given two tablespoonfuls of milk, this was thrown off curdled. I kept up the seidlitz salt lavage night and day.

I have treated six cases up to this writ-

ing, commencing July first, with uniform results, and I have had very little trouble to get them to take the medicine or retain it. With this plan I have not failed to have every patient convalesce promptly without a relapse.

122 N. 5th St., Quincy, Ill.

In this we have the dosimetric idea of Burg-graef detailed, to give the right amount of the right remedy or remedies in the right place. The unthinking might call the doctor's prescription polypharmacy but it certainly is not, as each remedy was clearly indicated. The only question I would raise would be as to the desirability of the salt enema, having used soda water to much better advantage and believing that salt water rather increases the condition. However, the author was on the ground and ought to know. We commend the doctor's handling of the case and desire particularly to have our readers note the wise persistency with which he prohibited food until proper changes had taken place. If our readers will emulate the example set by Justice, Shaller, Waugh, Crosby and others as reported in the Clinic, many more will be cured and with much less trouble.—Ed.

PNEUMONIA JUGULATED.

BY JOHN M. SHALLER, M. D.

Miss M., aged 52 years, had a severe chill three days previous to my first visit. Her condition was as follows: Temperature 103, pulse 134 and very feeble, respiration 52. The patient was delirious, perspiring freely and expectorating bloody sputum. The tongue trembled when protruded, and the hands shook violently with every effort made to raise them. The entire lower lobe of the right lung was solid, and tubular breathing could be distinctly heard. Over the anterior portion of the lower lobe of the right lung there was constant pain which was augmented by breathing and by coughing. Here was a typical case of pleuro-pneumonia of three days duration, that had reached a serious stage without treatment of any kind. From the general aspect of the patient the prognosis was unfavorable.

According to the teaching of to-day, the

great debility, the extreme nervousness and delirium accompanying a disease so serious, indicated the liberal use of alcohol. Strange as it may appear to many, the patient made a rapid and remarkable recovery without it. The treatment consisted in giving one granule of the Dosimetric Trinity No. 1. every half hour. The following table shows the temperature and pulse rate and the results of each day's treatment:

April 4th, temperature 103, pulse 134, one Dosimetric Trinity every half hour; April 5th, temperature 101, pulse 108, one Dosimetric Trinity every hour; April 6th, temperature 99, pulse 106, one Dosimetric Trinity every hour; April 7th, temperature 98, pulse 100, one Dosimetric Trinity every hour; April 8th, temperature 98, pulse 72, morphine and tartar emetic, two granules every two hours on account of an annoying cough. April 10th the patient was convalescent and as a general tonic three granules of arseniate of strychnine were given every three hours.

Ten days after the above mentioned patient had been dismissed, her sister, aged 52 years, who had nursed her, had a violent chill and was seen by me twelve hours later. The temperature reached 102.3, the pulse 120. Crepitant rales were heard posteriorly over the lower lobe of the right lung. Dullness was but slightly marked. The sputum was already tinged with blood. One granule of the Dosimetric Trinity No. 1, given every half hour, constituted the treatment with the result that on the following day the temperature was 99.5 and the pulse 84. The treatment was continued and on the next day the temperature was 98.4 and the pulse 84. There was no return of the fever and, except for an acute attack of piles, the recovery was complete.

There are many eminent physicians who say that an established pneumonia cannot be checked and that a commencing pneumonia, that is during its congestive stage, cannot be jugulated. This old notion has been exploded long ago. Acute inflammatory diseases are jugulated by every

physician who follows the teachings of Burgræve.

In order to jugulate disease the physician must deliberately make the attempt to do so, by the use of remedies that are particularly adapted to the needs of the case, nor must he be timid and use the alkaloids sparingly; he must give them in such doses and at such intervals as is generally recommended. Assurance and courage will come, and the alkaloids will be found to be wonderful remedies that produce brilliant results.

49 Webster St., Cincinnati, O.

We welcome this gem from Dr. Shaller, particularly as it brings up the question of the possibility of the jugulation of certain diseases which are held by many to be only self limited. The doctor's statement is correct and scarcely admits of argument. All thinking men must array themselves upon his side. One of these days you will hear him say that typhoid fever can be jugulated and it will be just as true as this statement in regard to pneumonia. Note the simplicity of his treatment and his brilliant success. You can do the same thing. In pneumonia of the strong and plethoric, the Defervescent Compound (aconitine, digitalin and veratrine) is indicated, particularly during the first days of treatment. The choice lies between these two remedies and should be determined by the character of the case.—Ed.

THE MALADIES OF WOMEN.

(Sixth Paper.)

THE UTERUS AND ITS APPENDAGES AND CASES FROM NOTES OF PRACTICE.

BY W. C. BUCKLEY, M. D.

Just as jaundice, and other disorders of the liver together with maladies of the digestive organs, may be set up by derangement of the nervous forces, so any other similar affection may be caused thereby. The functions of the intestines are frequently morbidly affected, it may be constipation or it may be diarrhea, and is frequently due to causes disturbing the nerve centers which govern the glands under their control.

To the uterus and its appendages belong many varieties of changed function, and

how closely these are connected with the nervous system will be appreciated by every physician. But, unfortunately, too much tinkering and too much pretension is made to hunt for local causes, which when found are often more of fancy than anything else, and the worst of it all is the patient has to suffer the consequences. But, as before remarked, the uterus has its local and mixed causes as well as those arising from nervous influences.

A married lady, blonde, aged 28, and mother of two healthy children five and three years old came under my care. The children had been sick the past winter, and the mother had watched and nursed them day and night for about a fortnight. After they had gotten well she suffered much from this long watching, so that the nervous system seemed to weaken; there was loss of appetite, constipation and sleepless nights. This had continued for about six weeks. Besides the conditions just enumerated she complained of dizziness, lack of memory and a general weariness, together with frontal headache, pain in the lumbar region, in the hypochondria—especially the right—aching in the lower extremities and a tired feeling generally. Disorders of digestion set in with anorexia, and sometimes a positive repugnance to food of all kinds, with eructations and nausea. A feeling of faintness would come over her, with heat or pain in the epigastrium, and an unpleasant, bitter taste in the mouth, with discomfort and fullness, (flatulent distension), in the abdomen. Finally the bowels became loose and a painful diarrhea followed. The menstruation became too early and profuse; urine turbid and profuse; no leucorrhœa. Sleep was much disturbed; she would awake suddenly with pains in different parts of the body, but the pain seemed to center in the left ovary. The pains in the region of the ovaries were associated with tenderness and "bearing down," shooting up the sides and across the lower part of the abdomen with hysterical symptoms.

An examination revealed slightly con-

gested ovaries, especially the left; cervix slightly hypertrophied and sensitive. These were strong indications for the Uterine Tonic granules, and with a success rarely equaled by other drugs, the pains and all the other disagreeable symptoms and conditions were at once relieved. Cases like this, many times require, as this one did, other remedies, such as Abbott's Depleting Suppository, and sometimes an anodyne at bed hour, such as the chlorodyne granule; at other times a laxative and hepatic stimulant, like my "sulphur compound" granules, four to six at night. The arseniate of quinine, or the hydrocyanate of iron, with or without strychnine, as may be required for anemia, will generally complete the cure.

In some cases of this variety there will be a tendency to sleep too much—a kind of stupor with bad dreams; a chilly feeling is felt along the spine; there is profuse micturition, vertigo, paroxysms of fever in the afternoon, considerable prostration without thirst, quick but rather soft pulse and perspiration generally not profuse. These are symptoms of ganglionic excess and should be met with gelseminine, or with the ganglionic or uterine sedative granules* always indicated where there is a sign of general motor paralysis, general stupidity, inability to think, partial unconsciousness and symptoms resulting from emotional excitement, bad news, grief and so forth; also for the headaches commencing in the occiput and extending to the forehead, and for soreness in the region of the back of the neck. As heretofore explained, the pupils dilate from anemia of the brain, often the eyelids droop, vision becomes dim with vertigo and double vision; sometimes the face is flushed and hot, the tongue becomes thick—sometimes numb—the mouth dry and swallowing difficult; there is often loss of power of the sphincters. Gelseminine used here

restores the balance between the two nervous systems and gives relief; prolonged, it gives health to body and brain.

A woman aged thirty, gave birth to a child at term, footling, a midwife in attendance; after several hours, when the patient had become exhausted, they sent for a physician. She was delivered with difficulty of a dead child after working at her for some hours. The mother was almost in collapse, but finally reaction took place and promise of recovery was manifested. About the fourth day chills set in, high fever arose and with it some delirium. The patient was treated with large doses of quinine and morphine, also injections of carbolic solution with the bichloride of mercury. She was kept upon a very low diet. I was called, the doctor in attendance having discharged himself—giving up his patient, they said.

On the morning of the seventh day after the birth of the child, I found the patient with high fever and inclined to delirium from anemia of the brain; had been delirious all the night before. A prescription lay upon the table, ordered that morning about ten o'clock, for full doses of potassium bromide. This of course was not filled after I took charge of the case. For this state of the nervous system—ganglionic innervation in excess; with relative spinal deficiency—I ordered one to two granules of gelseminine with one of anemonin, and from one to two granules of the Defervescient Comp. No. 2, to be given every hour or two. Ordered beef broth and mutton broth with barley boiled in it; also milk and barley-water as a food drink, with as much water as she desired. Antiseptic injections were continued (sol. menthol comp. being used, two tablets to a pint of water). There being considerable fear of the discharges from the uterus and vagina, turpentine applications to the abdomen were also made, because some soreness and tympany existed; no opiates were used of any description, as they did not seem called for; and no alcoholics were permitted. Both had been given under the previous manage-

*A good combination for this purpose is the dosimetric trinity with gelseminine and strychnine hypophosphite. I would prefer to alternate or give in rotation.

ment, but apparently to no purpose. I believe they are apt to do more harm than good, especially when they are distasteful to the patient as they were in this case. These two ladies recovered nicely, the first in seven weeks and the second in a little over three weeks.

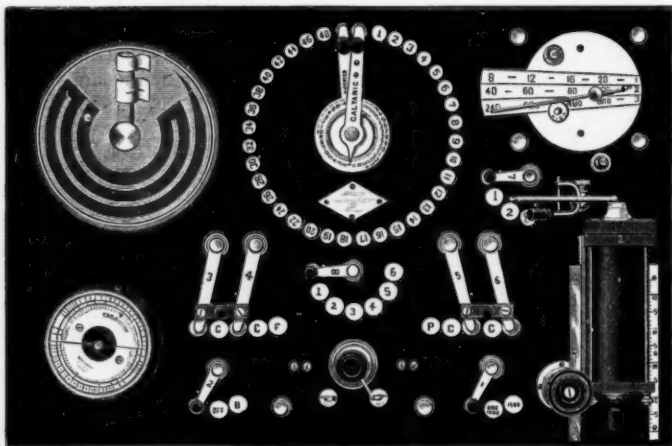
723 Berks St., Philadelphia.

We have in this article a word picture of two important types of female ailments. One of spinal excess with ganglionic deficiency, the other the reverse, each successfully treated and the treatment plainly given. These should be so clearly transferred to our minds that we will never again mistake one for the other.

This is a much-neglected subject, and with every letter we feel to thank the Doctor anew that he has taken it up for the benefit of the

therapeutic work." This is certainly an oversight, and looks like "putting the cart before the horse," but it may be of just as much interest to many practitioners now as at any other time.

Unless practice is strictly confined to the country a stationary battery is always preferable, because it requires little attention and is always ready for use. Such a battery should consist of forty good cells of the Leclanche variety and a switch board with various accessories to be mentioned later. The cells should be contained in a wood cabinet mounted upon heavy double casters, so that it can be easily moved to any part of the room. Putting the cells into a



CUT NO. 1.

Clinic readers. Those interested can still secure some of the back numbers. January and March however, are wanting. The articles will eventually be published in pamphlet form, and will be the only series of articles we know of devoted to this subject.—Ed.

ABOUT BATTERIES AND ACCESSORIES.

BY C. S. NEISWANGER, PH. G.

Professor of Electro-Physics, Post Graduate Medical School of Chicago.

A reader of the Clinic has called the writer's attention to the fact that nothing has yet been written, in preceding articles that have appeared in this journal, regarding the "tools with which to do electro-

closet or cupboard and connecting to a switch board fastened to the wall or small table will not be found so convenient as the cabinet, in case it becomes necessary to move the battery to another part of the house or to another building. The cabinet can be easily transferred without disturbing the cells, while, with the other arrangement, considerable difficulty and work must be encountered to accomplish the object. Again, a cabinet battery comes from the instrument maker to the purchaser with all the wires attached to the posts on the plate, each wire being numbered with a metal tag to designate the cell to which it is to be attached, which saves much time, inconven-

ience and labor in setting up the apparatus. The accessories on the plate should consist of a double switch for selecting cells, a good meter, current controller, automatic interrupt, pole-changer and a faradic apparatus capable of giving high and low tension currents with very rapid or slow interruptions.

The apparatus preferred by the writer is shown in Figure 1, and contains essentially the same accessories mentioned above, except with the addition of two switches, one for combining the galvanic and faradic currents, the other for combining the primary and secondary faradic currents. This combination of currents is fast becoming popular in electro-therapeutical practice, but the inconvenience of practicing it when two separate batteries have to be employed almost precludes its application. With the arrangement shown here it is easily accomplished, without removal of the cords from the binding posts or the electrodes from the patient, by simply moving a switch.

The secondary coils are two in number and slip over the primary by means of a rack and pinion after the Bu Bois Reymond style; the fine wire coil is wound with 1500 yards of No. 36 insulated copper wire and is tapped at two points, 500 yards and 1000 yards, the current from either of which can be used by means of a switch for that purpose; the other coil is wound with 800 yards of coarse wire, and is tapped at 500 yards. The interrupter is unique and works very satisfactory, giving from about 50 interruptions up to many thousands per minute, so that with this coil and its accessories we have the full range of faradism; the fine wire with rapid interruptions for anaesthesia and the coarse wire with slow interruptions for the development of muscular tissue.

The graduated automatic rheotome (shown on upper right hand corner) can be used in both galvanic and faradic circuits, and has a range of from 8 to 600 interruptions per minute. A good rheostat or controller, meter, pole-changer and cell-selector constitutes the balance of the accessories.

Where an office practice has been reason-

ably well established it is rarely necessary to have a portable galvanic battery, for the reason that the occasions are rare where such a battery is required outside the office.

The portable battery requires a certain amount of attention, and many physicians forego the use of the current, even when it is strongly indicated, because their battery is not in good working order. The office battery requires but little attention, and is consequently always ready for use, and the fact is, the physician is never properly equipped to give an important treatment, especially in gynecological practice, at the patient's home.

If a portable battery is needed at all, it should be what the writer would call an



CUT NO 2.

"emergency battery," or one which could be picked up and taken to the bedside at a moment's warning. Now all these emergency cases, or nearly all of them, require a faradic current, so that the "emergency" battery needs only to be a good small faradic machine capable of treating such cases as asphyxia, opium poisoning, etc.

In a country practice where it becomes necessary to have both a galvanic and faradic battery that is portable, the zinc-carbon-bichrom. potass. cell will do the most work and give the best satisfaction, such a battery being shown in figure 2.

Do not be misled by the statements of manufacturers who would sell you ideal (?) portable batteries that you can "play

ball" with without injury to the cell. If you have a stove it is necessary to put in coal from time to time to keep up the heat, and if you would get current from a battery it becomes necessary to renew the fuel that supplies it.

Electricity comes just as strictly within the bounds of the "law of conservation of energy" as any other force, and the amount of current that you get from a battery depends entirely upon the chemical decomposition that takes place within the cell. You clean surgical instruments after an operation and they are ready for the next time; give your battery the same attention you would a case of instruments and it will always respond to your demands.

A great array of electrodes is not necessary. They should be few and selected with care. Besides the cords, handles and sponge discs that are furnished with the battery, you may need a good abdominal, vaginal and intra-uterine (bipolar and unipolar) electrode, a needle-holder and a few suitable needles, some copper sounds of various sizes, an insulated stem with active tips of different sizes, and some sponge or spongiopilin covered pads for external uses.

If you have a special case requiring some special form of electrode, it is easily obtained from the maker as such cases rarely require to be treated with haste.

The writer realizes that the subject in hand requires to be elucidated much more than the cursory manner in which it has been treated in this article; but if it tends to encourage a more rational use of the current for therapeutic purposes, he will feel amply repaid, and will cheerfully respond to any further inquiries.

6354 Maryland ave.

Readers should not forget that the end and aim of our clinic work is to help. If questions come to mind ask them so as to get the most good out of any line of investigation. Address all electrical questions to the author of the article above. The cuts here used were kindly supplied by the McIntosh Battery Co., of Chicago.

Subscribe for the Clinic now.

CHRONIC CONSTIPATION.

BY J. M. F. BARRON, M. D.

Mrs. A., aged 94 years, has been a constant sufferer from constipation since 1888. The case came under my treatment about three years ago. I tried various laxatives without much benefit. The case became so obstinate that nothing would move her bowels except very active cathartics, and she became so debilitated from age and other causes that when she would take medicine to move her bowels there would be a collapse and it seemed as if she would die every time. Tried enemas of hot water but that finally lost its influence.

While pondering over the case and trying to get something that would relieve it, I one day received a sample copy of the Alkaloidal Clinic, and in looking through the "ads" I chanced to see the premium case offered to new subscribers. I at once made my selection and inclosed one dollar for the Clinic. In my selection was the laxative granule (Waugh), alkaloidal formula. I immediately put her on the treatment, and now at this writing she is much improved and can stool without an enema. Cannot leave the granules entirely, but is taking less every week. The action of the medicine is wonderful, and it is remarkable that one of her age and condition could be relieved so much. It is a surprise to all who know her. I am so well pleased with the Clinic and the Abbott granules that I do not expect to be without them in the future.

With the above case I wish to report one more. Mrs. C., aged 35 years (for want of space will not give full history), has had hemoptysis for nine years, so severe at times as to keep her in bed for weeks. I have treated the case for five years, and during that time she has improved some, hemorrhage not so bad, just a slight spitting of blood at times. She is very weak and emaciated. Last January she seemed to get worse, said she had taken cold and seemed to fear that she had consumption. Now at this writing she is better. Catamenia regular, poor appetite, but no fever. Mother

of four children, the youngest seven years old; can be up most of the time. The treatment had been (up to last January) the usual remedies for pthisis pulmonalis; last treatment has been, strychnine arseniate three or four granules three times a day before meals, and creosote granules two to five three times a day after meals. For the spitting of blood, I put her on geranium mac. thirty drops every two to four hours until relieved. Have given her this treatment continuously since January except at intervals I would allow a rest of four or five days. Cough and expectoration has ceased almost entirely. She sleeps well and does not have the cough and retching on arising every morning that she previously had. Appetite is poor at times.

If the editor or any of the Clinic readers can suggest anything better I shall be well pleased, for the patient is my sister. One sister died with consumption at 22 years of age. No other case recorded in the family history. With best wishes for the success of the Clinic and the brotherhood I will take my leave, hoping to hear from you.

Liberty Hall, Ga.

This tribute to the anticonstipation treatment instituted by Dr. Waugh is of much interest. If the medicine and the method can set up approximately healthy activity in a worn-out patient of this age, what may it not do in earlier life. This is a granule that should be in the hands of everyone who has to do in any way with constipation. It will not always be successful, but it will be successful more times, if this method is carefully followed, than any other remedy with which we are familiar.

The second case appears to be one of excessive general debility with a tendency, no doubt, to lung disease. The doctor is on the right track. The supporting treatment should be continued and it will be well to add digitalin. Four granules may be given with the strychnine, or two or three hours after meals. It is probable that a course of nuclein would benefit this patient. Tablets or granules of Aulde's standard solution should be secured and one tablet or four granules given every two hours for a week, then suspended for a week to be given for another, and so on until marked improvement is manifested. The bloody expectoration is no doubt due to the weak and distended condition of the lung capillaries. This will be overcome with the

strychnine and digitalin, while the nuclein will materially aid nature in replacing lost vitality.—Ed.

PNEUMONIA.

BY FRANK L. ROSE, M. D.

It is with considerable diffidence that I submit this report of two cases of pneumonia, the results of which were so surprising and gratifying both to doctor and patients. The treatment was not exactly according to dosimetry (of which I had never heard at the time of the first case), and therefore it may not be suited to your columns. Still it was mainly with active principles, and your readers, should they choose to try it, can easily modify details. "Two swallows do not make a summer," and two cases neither establish a principle nor indicate a method, but I wish to submit the record of these cases for what it is worth, and say that in a properly selected case, namely, in a young, robust or plethoric patient, suffering from a sthenic form of primary acute pneumonia in its earlier stage, I should resort to it again, even though this active depletory treatment may rest on a discarded pathology of the pre-microbic age.

Case 1. F. P., male, aged 23, farmer, living in the country. On my first visit March 15, 1890, I found the patient, a strong, vigorous man, had been suffering for a few days with what he thought was the grip, but had not been confined to his bed, nor had he confined himself to the house even, until the day preceding, when he was taken with a chill and severe pain near the left nipple. I found him coughing frequently, with expectoration of a rusty, bloody color, and very tenacious; respiration 30, very difficult and labored, temperature 103.5, face flushed and of a purplish hue. Physical examination showed dullness, bronchial respiration, and crepitant rales over entire left lung and the diagnosis was croupous pneumonia. After removal to a suitable room the following treatment was instituted: The patient was wrapped in a cotton jacket and at once given morphine, 1-3 grain; pilocarpine, 1-3 grain, and acetanilid, four grains, together in a cup of hot ginger tea. Twenty grains

of quinine was left to be given in divided doses during the next twenty-four hours, and he was also to be given tincture of aconitine, one minim hourly for four hours, then every two hours.

On my second visit at noon the next day I found the patient breathing easily, free from pain and largely so from cough, and with a temperature of 101.5. The quinine was reduced to fifteen grains for the next twenty-four hours, and the third call showed a temperature of 99.5, with no return of any distressing symptoms, and the next day the temperature was normal and remained so. In fact was practically so, as will be seen, within forty-eight hours of my first visit. Recovery was very rapid, and no relapse occurred. This was one of the cases in which a bleeding would have been justified if it ever is, but for which the profuse (and it was profuse) diaphoresis was an efficient substitute. The patient declared it an "awful sweat," but the relief it gave was marvelous.

Case 2. J. W., aged 20, farmer's son from Iowa, but temporarily acting as book-keeper at the stock yards. I saw this patient within two hours of the initial chill, and found him with a temperature of 104; labored breathing, sharp pain in his left nipple, etc. He had had two attacks of pneumonia before, each running its full course of seven or eight days, and said that in each case it had begun exactly as this did. The physical signs were of course not well marked at this stage and never became so; but I have no doubt (nor has he) that it was pneumonia. The treatment was the same as case 1, except that the pilocarpine and morphine were both given hypodermically together, and the result was about the same, that is, that he had practically no fever or cough and absolutely no pain after the first forty-eight hours, and made a rapid and uninterrupted recovery.

It may well be asked why I have tried this method of treatment in two cases, and those about four years apart? I can only say that in the intervening period I only had two or three cases that I should deem

suitable to stand such an active treatment as this, which is not, I think, suitable for either very young or very aged patients, nor for any but the most robust. I have tried various methods, including the so-called "expectant" (in our use of which word, by the way, I strongly suspect those of the laity who are blessed with a sense of humor would find something rather funny), and by no other means have I been able to materially shorten the normal course of the disease. The treatment is not original with times, or his treatment is bungled with by attendants. It is simply because he gives all his medication upon it may be found.

5305 Halsted, street, Chicago.

The principle involved in the cases detailed is exactly that which has been held and promulgated by Burggraave and his followers for the past twenty-five years. Just what the means shall be is determined by the personality of the practitioner and the remedies at hand, but the principle remains the same, and pneumonia is aborted through the use of agents that relax the spasm of the capillaries, cause diaphoresis and equalize the general circulation. Dr. Rose well says that the means adopted by him should not be used at the extremes of life or in debilitated cases. It is simply because he gives all his medicine at once. If he would use small doses frequently repeated, and stop when sufficient reaction had taken place, there is nothing in the remedies to debar their use in all ages and conditions. Aconitine and veratrine might well take the place of pilocarpine and acetanilid, while all the good accomplished by quinine can be done with strychnine without any of the unpleasant effects of the other drug. The two cases were admirably well treated, and the man at this day is behind the times, or his treatment is bungled with by attendants, who allows pneumonia to run its course.

Dear Dr. Abbott: Your premium pocket case was received some time ago, and I am well pleased with it. I like the Clinic very much. The only fault I have to find with it is that it does not come often enough. I expect to be a subscriber as long as I live. Your granules are exactly as recommended.

_____, Tenn.

D. T. H.

I value the Clinic very much. The Abbott Alkaloidal Co. is more prompt in filling orders than anyone else I know of.

_____, Ind.

Dr. J. T. McF.

ACUTE GLOSSITIS.

BY MORTIMER H. BOONE, M. D.

May 26th I was called to see W. B., German, aged fifty—worker among sheep—with the following history: General health good except that last winter he had several boils; does not drink or use tobacco to any extent. On the 24th of May he noticed a small pimple on the left side of his tongue; on the 25th he had a violent headache, a profuse sweat and pain and dryness in the throat and tongue—pimple slightly larger and painful. Toward evening he placed a small piece of alum on his tongue and went to bed. In the morning, the 26th, his wife noticed that he could not speak and that his tongue was greatly swollen and protruded from his mouth interfering with respiration.

I was at once summoned and found his tongue filling his mouth and protruding about two inches out of it, of a dark purple color, very offensive odor, glands about the jaw and neck swollen, and his temperature 104, with profuse sweats and chills. As the dyspnea was increasing rapidly, I at once made a free incision into the tongue and let out about six ounces of very dark blood, and started the following treatment: Ice bags to neck and throat, pieces of ice on tongue, and a spray of Marchand's peroxide of hydrogen every half hour, with veratrine for the fever. At my evening visit the tongue was about the same, temperature 102, sweats and chills worse. I thought, after obtaining the above history, that there was probably infection from the sheep and so adopted means to prevent general septicemia from absorption, giving calcium sulphide in full doses with tincture of chloride of iron—ten drops in a teaspoonful of glycerin every four hours—with alcohol baths and veratrine for the fever. On the 27th there was marked improvement; tongue was less swollen, temperature 99, glands not so large and he could speak some. He complained of the left side of the tongue; had an ulcer on it the size of a bean. I scraped it and dressed it antiseptically every half hour. On the following

day his temperature was 103, with some sweats and chills and some headache with diarrhea, but the next day the above symptoms had left him and he was better in all respects. On the 30th improvement still continued. The ulcer was healing, the glands were not so large but still very tender. Up to this time he was fed through a rubber catheter attached to a funnel, but on the following day he could take food naturally. The tongue rapidly returned to its natural size, the ulcer granulated over, the glands increased in size and the tenderness was relieved by a fifty per cent iodine cerate with iodide of lime internally, and on June 4th he was discharged.

What do you think caused the rapid swelling of the tongue? Was it the alum or is there a disease among sheep of that nature? He has worked among from ten to fifteen thousand sheep annually for several years. I think the calcium sulphide prevented general suppuration as he was on a fair road to septicemia.

Holcomb, Ill.

This is a rare, interesting case and our readers will agree that it was admirably handled. Every agent and expedient used was clearly indicated. No doubt the doctor's conclusions are correct. If any of our readers have had experience with similar cases or can answer him regarding the sheep question, the Clinic will be pleased to print their letters. The excessive rapidity with which the tongue will swell when once attacked with inflammation, is probably due to the distribution of its blood supply.

We take this occasion to thank the doctor for his communication and invite him to write again.
—Ed.

The Abbott Alkaloidal Co.: In treating "conditions vs. names" your granules are "ne plus ultra" and I am more than pleased with the Clinic. It has been a great help to me, though but a recent subscriber. I have had an opportunity to use both bichromate of potassium and sulphide of calcium with, to me, startling effect. I will report a case or two shortly.

E. M. H., M. D.

—, Mo.

MISCELLANEOUS.

Correspondence, Reprints, Etc.

NEURASTHENIA WITH PELVIC SYMPTOMS.

Editor Alkaloidal Clinic: Will you kindly offer a suggestion for the Alkaloidal treatment of the following case? A married lady 33 years of age and the mother of five children, the youngest five years old, suffers with a pain in the region of the left ovary and is quite tender externally over that region and painfully so internally; in fact, the whole vaginal tract is very sensitive. The digital touch of the cervix gives an impression of the presence of a ring about the thickness of a small sized duck quill just beneath the mucous membrane—probably cartilaginous. There is some cervical catarrh. The uterus is in proper position and about normal in size.

The lady is all the time at work caring for her house and family. The prominent symptoms are the pain in the side, as described, and a violent headache all the time. The symptoms can both be promptly relieved by the galvanic battery, but medicines have little influence.

Don't allow this request to take up too much of your space but with your knowledge of the application and management of alkaloidal remedies, if you can relieve this woman, you will confer a favor upon both patient and doctor.

Belpre, O.

C. B. Ballard, M. D.

The conditions under which this woman lives are not favorable to recovery. She requires rest, general and sexual, in every sense of the word, and that she does not get. The fact that galvanism helps her shows that she requires sedation. Try anemonin, one granule every three hours for a week; then one granule of Buckley's Uterine Tonic for the same time, and so on alternately. Keep out of the vagina with all applications and give laxative doses of seidlitz salt every morning. Some good general tonic may be of benefit in connection with the above; strychnine if indicated, if not arseniate of quinine in 1-6 grain doses three times a day. The galvanism should be continued. The cartilaginous ring may require incision and may possibly be the beginning of cancerous degeneration. Will not others please suggest?

ENCOURAGEMENT.

Dear Dr. Abbott:—The June number of the Clinic came to hand promptly with other journals and medical literature. For cause or causes not necessary to mention here, it has gained first claim upon my time over all others. As usual, the present copy is replete with a great many things which tend to strengthen the confidence of the practitioner in the curative power of medicinal agents.

It does seem that you were very fortunate in your selection of a name for the Clinic, which I think is destined, in the end, under the same or like conduct and management (if it has not already achieved so much), to rank fully up to or, perhaps, ahead in material and methods, subscribers and patrons of many of the leading medical journals in the land. There are too many good features in it to fail to make it popular and commend it to the busy doctor. One feels, when reading it, a very near approach to other and by-gone days, when he made his rounds with his venerable preceptor, as he was taught in his "Alma Mater" in the clinic from ten o'clock to 11 a. m., and reasoned upon pathology, diagnosis, prognosis and therapeutics, not so much the "science" of the latter as the effects, and the "modus operandi" of remedial agents.

The doctor on the "go" would prefer any number of "Dosimetric Chips" from an experienced and competent teacher to one on the "science" of either one of the branches of medicine. Dosimetry, as taught and practiced in the Clinic, is the correct thing for me, because it rejects and unloads all of the heavy and crude materials, and offers in exchange the concentrated form or active principle of the drug, from which good, if any is derived, must come. J. T. C., M. D.

Georgia.

The above, though written as a personal letter, so clearly outlines the policy and intention of the Clinic that we cannot refrain from publishing it. With your help we will make this an interesting nucleus for alkaloidal growth. Friendly suggestion and criticism is acceptable at all times and we are ever ready to join our readers in any worthy effort.

ANEMONIN.

Editor Alkaloidal Clinic: I was greatly interested in the short article on "Anemonin" by Dr. Buckley in the July Clinic, and will give my experience with the drug recently.

I had a patient with congestive dysmenorrhea, excessively painful, requiring prompt relief to

hold the case. I gave two granules of glonoin and two of anemonin, followed by four doses every ten minutes of one granule each. This resulted in complete disappearance of pain, normal flow, patient easy and inclined to sleep, but complaining of a dryness of throat and mouth; a feeling that tongue was enlarged, numb and almost paralyzed. This feeling passed off in about thirty minutes. No further treatment was needed; the cure was complete. Did I give anemonin too freely? Please give full physiological effects of this drug. Can you suggest a better or more prompt treatment for congestive dysmenorrhea? A. H. Simonton, M. D.

Charleston, Ill.

Very little is known, or at least written, of the therapeutics of anemonin. The few paragraphs that have been published in the Clinic are about all that are available. Dr. Buckley gives an idea in his paper in this issue, and is probably the best man available to our readers, and we will ask him to give us briefly its indications for the Sept. Clinic. It is a valuable drug when properly used under suitable conditions.

SHALLER'S GUIDE—ECZEMA—AMENORRHEA.

Dear Dr. Abbott:—Shaller's Guide to Alkaloidal Medication received yesterday. Am so much pleased with it, I feel I must write expressing my gratitude to you for bringing it to my notice. The work is truly a "multum in parvo."

I have a case of eczema of neck, face and inside of thighs of ten years standing which so far has resisted curative treatment. Have given arsenic, arseniate iron, calcium sulphide and other remedies with benefit, but fail to cure. Notice in Alkaloidal Clinic you recommend colchicine and biniodide mercury in a case of aggravated urticaria. Ordered that of you to-day. If you so advise, will place patient on that treatment.

Have under treatment a young lady, single, who is suffering from suppressed menstruation. She is well, good appetite, bowels soluble—one action daily—no spinal irritation or backache; complains of an occasional pain in right hypochondriac region; no nausea nor vomiting; looks robust. Have given strychnine arseniate, phos. zinc, iron, quinine and strychnia, uterine tonics, Buckley's and others, without any apparent benefit. Please advise me in both of these cases.

Please excuse me for trespassing on your valuable time. I am so delighted with the Clinic, your products and your efforts to bring about

speedy, safe and happy results in treating diseases by Alkaloidal Medication, I feel I could write at great length and then fail to say half enough in praise of your untiring efforts for the betterment of mankind.

W. G. Mitchell, M. D.

St. Andrews Bay, Fla.

For eczema of long standing I should give colchicine in plethoric cases, iron arseniate in anemics, hydrastin or helenin for cases with abundant secretion, and lobelin or rhus for dry, scaly cases. If the skin is thick and indurated, apply pure glycerine until it has reduced the skin to its normal thickness and then apply losophan in one to three per cent ointment. Chronic cases require chronic treatment.

For the amenorrhea I should give sanguinarine and perhaps colchicine with hot hip baths when the time for menstruation comes around. Thank you for your compliment, Doctor.

ASTHMA.

Dear Dr. Abbott: One J. A. Jackson, a Baptist minister, applied to me for relief from asthmatic attacks he was having. Has had this trouble twenty years; had pneumonitis twice before asthma began, first time in one lung, second time in both; perfectly well prior to these attacks; has gradually grown worse ever since; has tried many doctors with only temporary relief. He cannot take medicines in fluid form. His cough is distressing; when he takes a little exertion and gets hot (like walking up stairs to my office) he spits up great mouthfuls, says afterwards he feels easier. At times his asthmatic attacks are very severe, lasting days and nights at a time, then he gets some respite; unsettled weather seems to make him worse.

I put him on strychnine arseniate, gr. 1-134, three granules four times a day, also gave him hyoscyamine, gr. 1-250, with codeine and emetine for his cough. I thought perhaps iodoform might be very good, as Dr. Waugh says try it after pneumonia when cough remains stubborn. I should be glad to cure him. It would not only be a good thing for me, but Alkaloidal granules would boom here. Please help me out.

Atlanta, Tex.

F. M. Lennard, M. D.

I think you are on the right track with this interesting case. He has evidently heart weakness and chronic bronchorrea, complicating his asthma, without the relief of which he cannot be cured. You are doing well. When you want to change give

him the "Heart Tonic," four granules three times a day and after you have given him iodoform for a week or so, give him four granules of Nuclein between meals and at bedtime for a change, and go back to the iodoform after a week or two. Clean up the bronchorrea, tone up the heart and then you have some chances to cure his asthma.

DOSAGE FOR CHILDREN.

Dr. M. J. Lyman, expressing his approval of the Alkaloidal Method, asks regarding the dosage for children.

In main the same rules apply to Alkaloidal preparations as we have been accustomed to apply to Galenicals, yet the standard granules are many of them suitable without division for children. This must be determined, in a measure, by the physician himself. They are minimum doses, intended to be repeated until the desired effect is produced. Therefore dosage is an elastic subject. Aconitine and aconitine compounds, atropine, hyoscyamine, strychnine, digitalin, gelseminine, veratrine and other powerful agents and their compounds may be properly given by Shaller's aconitine rule, viz: Dissolve one granule for each year of the child's age and one extra in twenty-four doses of water. A proper study of the literature of the subject and a conservative experience with the granules will settle these questions. Too many expect to get all necessary information from price lists and circular literature.

MENSTRUAL DIFFICULTIES.

Editor Alkaloidal Clinic: Case 1. A young lady 22 years old commenced menstruating at about 15. It was very painful from the first, and she had suffered periodically before the flow occurred. I was consulted by her father in regard to her case perhaps seven years ago, prescribed for her and she improved for several years. She grew worse, however, whenever she ceased taking some uterine tonic, and finally went to another physician who lived near her, but derived little benefit. A little over a month ago I saw her again. As I must be brief I will not describe her case further; suffice it to say that her

constitution (her nervous system especially) was fearfully impaired. She refused to be examined either by digital or instrumental means; so I put her on the best tonics and heart stimulants I knew of, not forgetting your dosimetric granules of strychnine and phosphorous, digitalin, etc. She improved in general health.

Her next period found her at a school concert in the open air on a cold night. She went home very sick, grew worse and was apparently at the point of death for several days. I was summoned to her about three days after the concert. Her suffering, yes, her agony, was terrible—head, back, bowels, stomach, first one then another then another, but in her stomach and head nearly all the time. Codeine failed to relieve her, morphine in ordinary doses failed, morphine by hypodermic injection failed, morphine and chloral and hyoscyamus in double doses, when her stomach would bear the chloral, gave temporary relief and finally produced some sleep. For about seven or eight days she suffered this intense agony with but little relief from the effect of medicine. In ten or eleven days she improved and except a sick stomach was entirely relieved. It is now fifteen days since the night of the concert. During the time I called in a consulting physician, principally to try to induce her to submit to an examination, but we were unable to do so. Now, will you give me some advice in this case? What to do to improve her general health and especially how to ward off the next and subsequent attacks.

Case 2 is a young lady of fifteen; has never menstruated but suffers with sick stomach (as they generally term it you know) at intervals of about 28 days and has what they term "fainting spells," epilepsy I presume. I have not seen the case as she does not live within the scope of my practice but prescribed for her and promised to visit her hereafter.

S. P. Adams, M. D.

Argo, Tex.

In case 1, begin giving helonin three days before the next menstruation and give it throughout, gr. 1 every four hours. When the pain begins, give full doses of hyoscine or acetanilid with bromide of ammonium. If the pain is not relieved, give ether by inhalation. This is the palliative treatment. The curative can only be ascertained by examination. If she will not submit to the necessary investigation I should suggest a vigorous spanking.

For case 2 give aletrin in the intervals and sanguinarin when menstruation is due.

Twelve Clinics like this issue for \$1.

NUCLEIN.

The following notes on the use of Nuclein (Aulde's formula) are reprinted from the society proceedings of the Missouri State Medical Association, and taken from the Medical Fortnightly.

"Dr. J. N. Baskett, of Hannibal, gave 'Some Observations upon Nuclein Therapy'—a report of cases. The first one was of chronic alcoholism of many years duration, with chronic rheumatism. An acute rheumatism came on with a temperature of 104, and the patient seemed about to die of heart failure after salicylates and iodides failed to cure. When comatose and beyond the power to swallow, Nuclein in doses of one-third of a minim every three hours restored him and he ultimately recovered. The second patient was a neurasthenic woman, confined to her bed for many months. She was given Nuclein (Aulde) with arseniate of strychnine and finally was restored to health. The third was a woman of 35 who suffered from 'nervous prostration' for fifteen years, insomnia being the chief symptom. Under Nuclein she improved greatly but was not cured. The fourth was a case of chronic catarrhal bronchitis following 'La Grippe'—weak and prostrated, with severe cough. There was no improvement under Nuclein. The fifth was a woman who had la grippe followed by chronic bronchitis, general malaise and great weakness, who did not improve on opium and expectorants. She got well under Nuclein although there is still a dullness over the apex of one lung. The sixth case was a child of six years who in convalescing from scarlet fever 'took cold,' a temperature of 102, swelling of wrists and glands, some albuminuria appeared. She was given one-sixth of a minim every four hours with digitalis. The symptoms quickly disappeared and the urine resumed a sp. g. of 1016. The seventh case was one of suppurative tonsilitis with profound weakness that appeared about to die. The woman recovered under Nuclein. The eighth case was a boy of eight, similarly affected; with a like result.

"Dr. C. H. Hughes, of St. Louis, complimented the essayist on the impartiality of the report and predicted great things for the future of Nuclein. It has a wonderful stimulating effect, and supplements the vis medicatrix naturae which alone might be sufficient to carry the patient past the crisis.

"Dr. Paul Paquin remarked that the problem is how best to assist the cells to do their duty. Nuclein is certainly a physiologic remedy of great possibilities in this direction. Case five in the doctor's report, was probably one of phthisis, following la grippe, a sequel of very frequent occurrence."

So much interest is centered in ucnuclein just now that numerous preparations, good, bad and indifferent, are being put upon the market. If you decide that it is indicated in a case at hand, be sure you get a reliable preparation, one that is well vouched for.

PUERPERAL SEPTICEMIA.

Editor Alkaloidal Clinic: I should have acknowledged the receipt of the twenty-four-vial case of Alkaloidal center-shots and that most invaluable book, "Shaller's Guide to Alkaloidal Medication," but the old thief procrastination has been getting in his work, yet not to such an extent that he has caused me to neglect to use the little "Arms of Precision." I have made several scores with them, but will give you only a very short account of one that was seen yesterday in consultation. The woman aborted day before yesterday, foetus putrid; do not know what was done prior to my visit, except that the womb had been flushed with carbolated water several times. Twenty-four hours after the discharge of the foetus, etc., she had a severe chill, and at this time I was called. Found the temperature 103, pulse 140; very nervous; extreme tenderness over the womb; diagnosis, acute inflammation, with septic infection. Gave aconitine, gr. 1-134 every hour, and calcium sulphide, gr. 1-6 every half hour, with hot cloths applied to abdomen. Reported this morning at 10 o'clock; temperature 99, pulse 80, resting well. Tinctures, powders or extracts of drugs have never given me one-tenth the satisfaction that I have derived from the active principles. May the sunlight of alkaloidal medication soon spread over the world, and I am sure it will if physicians will open their eyes a little.

Hoping that when Gabriel blows his horn you will still be editing The Alkaloidal Clinic, the

best journal for the least money, I am, Yours fraternally.

J. T. Bright, M. D.

Midway, Kan.

This pleasant communication has a lesson for us in the rapidity with which aconitine overcame the fever induced by septic absorption and calcium sulphide stimulated nature to destroy the materies morbi causing the same.

The doctor's words of appreciation are very sweet to one who has labored so hard to popularize this method, and particularly so as to make the Clinic a success. If we are not at it when the trumpet blows, we will try to have the work in such shape that some one else can take it up and make a

SEXUAL SUICIDE.

Editor Alkaloidal Clinic: I am a doctor's son, 25 years of age, 6 feet tall, farmer by occupation. Mastubated young, but abandoned the practice at 16, married at 18, am now suffering with the following symptoms: A numb, dead feeling in back of the head, roaring in the ears, floating specks before my eyes, palpitation, loss of memory, fear of solitude, not much sexual desire, testicles wasted, bowels costive. The most distressing symptom is that in the back of my head. I should like to know what to do.

This is not an unusual train of symptoms. The young man's sexual organs were not allowed to develop naturally, but through masturbation before marriage and excessive venery after he has kept himself in a constant strain till he has wrought this ruin. He was probably advised to marry to cure his habit, and has been busy at the business ever since, but now finds himself waning with the local and constitutional symptoms above detailed, the tone of which indicates that he has a supply of such suggestive literature on hand as the "Science of Life," or the "ad." of some "lost-manhood" shark.

There is only one thing to do, and that is to occupy a bedroom alone, stop all intercourse, all thought on this subject, and then with the help of a little medicine this sufferer will patch up and get fairly well. Two remedies are indicated: Seidlitz Salt, enough every morning to overcome the constipation, and the strychnine and phosphorous

granule, two after meals. This granule contains strychnine sulphate, gr. 1-100; phosphorous, gr. 1-200; atropine sulphate, gr. 1-300, with cannabin, gr. 1-47, -and is suggested to aid in overcoming the spinal exhaustion. From one-half to one grain of camphor monobromide taken before going to bed will be found useful in repressing ganglionic activity liable to be set up by the associations of that hour.

Now, sir, if you will do this and quit the business you will get better; if you keep at it you will go from bad to worse, with no telling what the end will be.

HELENIN AND HELONIN.

W. B. G. asks the difference between helenin and helonin, a not unusual question.

Helenin is a glucoside obtained from the inula helenium or elecampane. It has been employed as an antiseptic in cholera, ozena, malaria, tuberculosis, infantile diarrhea, bronchitis and endometritis; also for chorea, pertussis, and as a solvent of the diphtheritic exudate. It is considered a tonic stimulant to the skin and mucous membranes. It has a popular repute for phthisis and is certainly useful in bronchorrhea.

Helenin is a glucoside obtained from helonias or true unicorn and is a tonic to the reproductive organs.

LOW EXCURSION RATES TO BOSTON VIA THE B. & O.

On August 19 to 25, inclusive, the Baltimore & Ohio Railroad will sell Excursion Tickets to Boston, Mass., going and returning by the same route, at the rate of one fare for the round trip, account Knights Templar Conclave.

Circuitous route tickets will also be sold at rate of 60 per cent. of the sum of the first-class limited fares via the routes selected.

Tickets will be good for return until September 10, but are subject to an extension until September 30, if deposited with Joint Agent at Boston, after September 10.

For further information, call on or address any B. & O. Ticket Agent, or L. S. Allen, Ass't Gen'l Pass'r Agent, Chicago, Ill.